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FILED
Jul 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000103630 (5)

1. Corporation Name

NUNAMAKER INDUSTRIES, INC.



Principal Place of Business

Mailing Address

~~2600 MCCORMICK DRIVE~~
~~SUITE 320~~
~~CLEARWATER FL 33760~~

~~2600 MCCORMICK DRIVE~~
~~SUITE 320~~
~~CLEARWATER FL 33760~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 14976 63 Way N
Suite, Apt. #, etc.

2a. Mailing Address

26 14076 63 Way N
Suite, Apt. #, etc.

City & State

23 Clearwater, FL

Zip

24 33760

Country

25 Pinellas

City & State

28 Clearwater, FL

Zip

2 33760

Country

30 Pinellas

3. Date Incorporated or Qualified

01/02/1997

4. FEI Number

59-3428227

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

SHEAR, ROBERT L

~~2600 MCCORMICK DRIVE~~

~~SUITE 320~~

~~2600 MCCORMICK DRIVE~~ 2790 Sunset Point Road

~~2600 MCCORMICK DRIVE~~ CLEARWATER FL 33760

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE



President

6/22/98

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
DRAGOONIS, PAUL
2097 MASSACHUSETTS AVENUE
ST. PETERSBURG, FL 33703

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
DUNCAN, HLOYD

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

President

6/22/98

CP2E034 (10/97)